

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>		
Full Name of Payee <b>Alliance Strategies Group Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 7700 Congress Ave Ste 3208			Amount 8714.29		
City State Zip Code Boca Raton FL 33487-1358		Transaction ID : E484A8FAC368E4BE4996 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014			
Purpose of Expenditure IE-Sasse-Email List Rental		Category/ Type			
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NE		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address PO Box 388			Amount 480.60		
City State Zip Code Alexandria VA 22313-0388		Transaction ID : EBEF00838B396475397F Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014			
Purpose of Expenditure IE-Sasse-Online Processing		Category/ Type			
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: NE		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			9194.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 10 / 31 / 2014		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2014</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>418.99</b>		
City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22313-0388</b>		
Purpose of Expenditure <b>IE-Sasse-Phone Processing</b>		Category/Type		Transaction ID : <b>ED699271A04EE4D9E96C</b>	
Name of Federal Candidate <b>Benjamin E Sasse</b>			Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: <b>NE</b>		
Calendar Year-To-Date Per Election for Office Sought <b>115155.78</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>General 2014</b>		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose			<input type="checkbox"/> President <input type="checkbox"/> General State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<b>418.99</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....					
(c) TOTAL Independent Expenditures.....			<b>9613.88</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>10 / 31 / 2014</b>		